

FIG. 1.

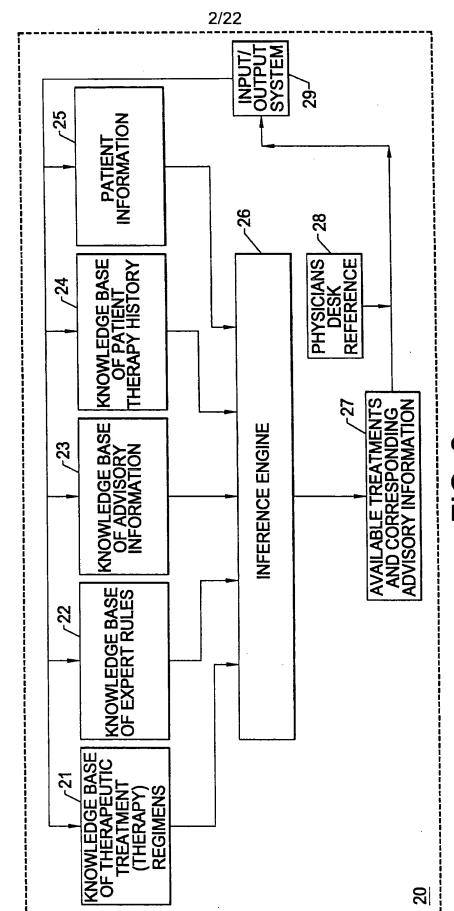


FIG. 2

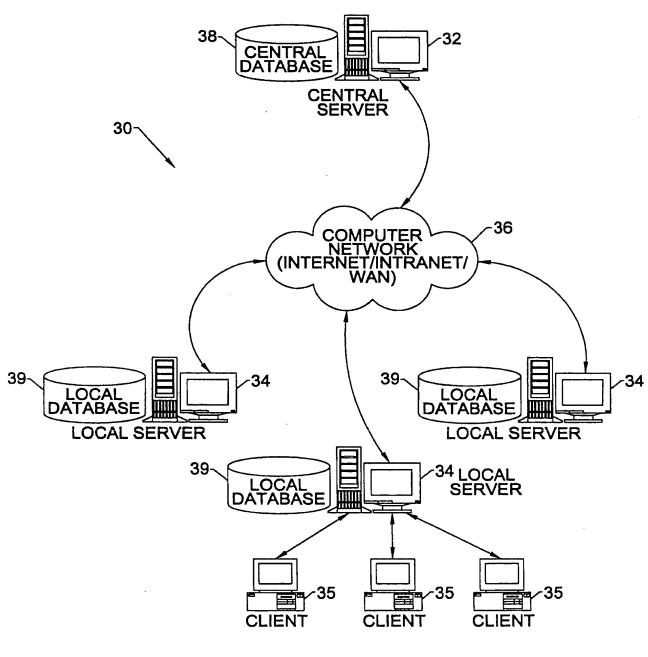
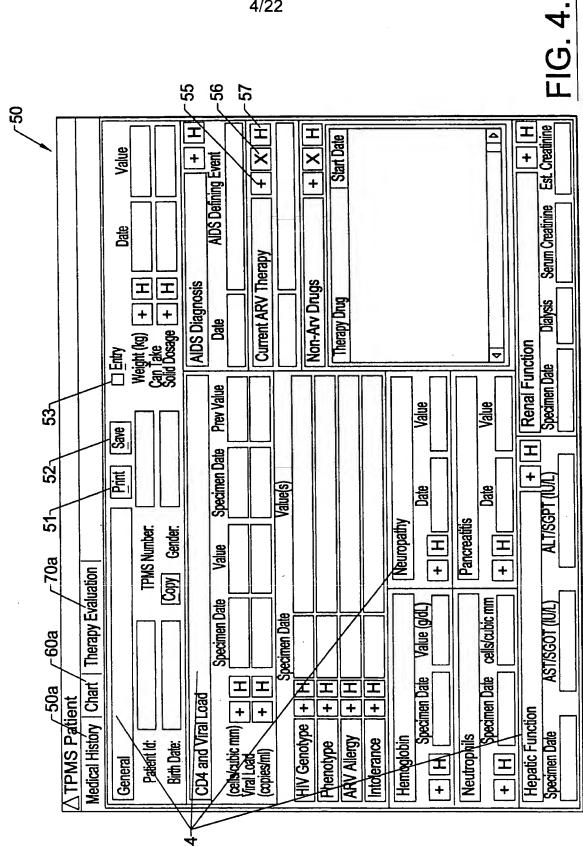
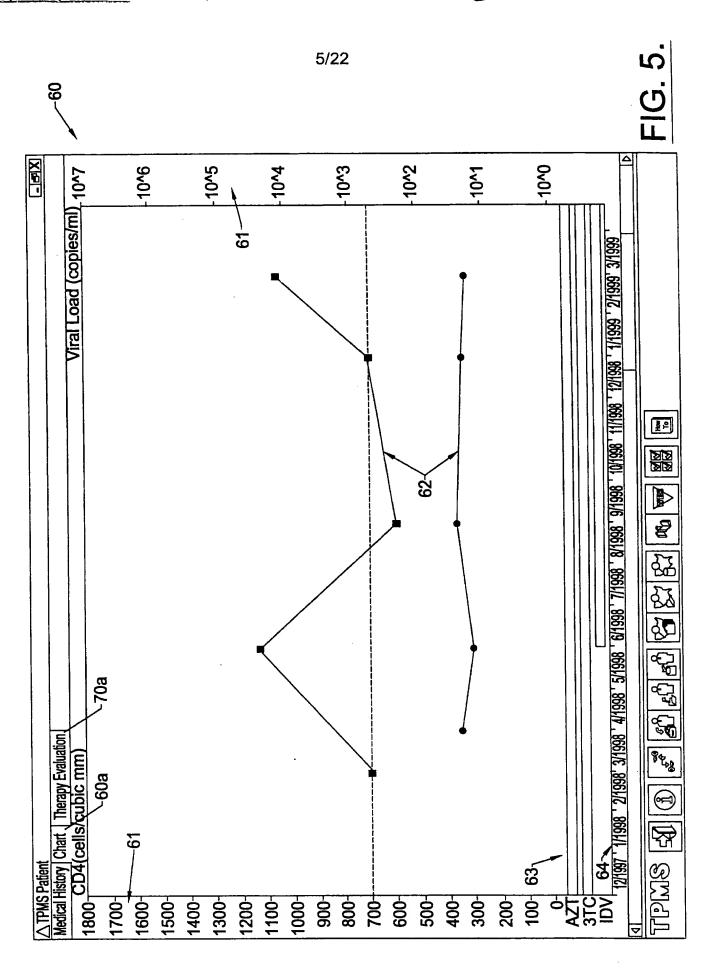
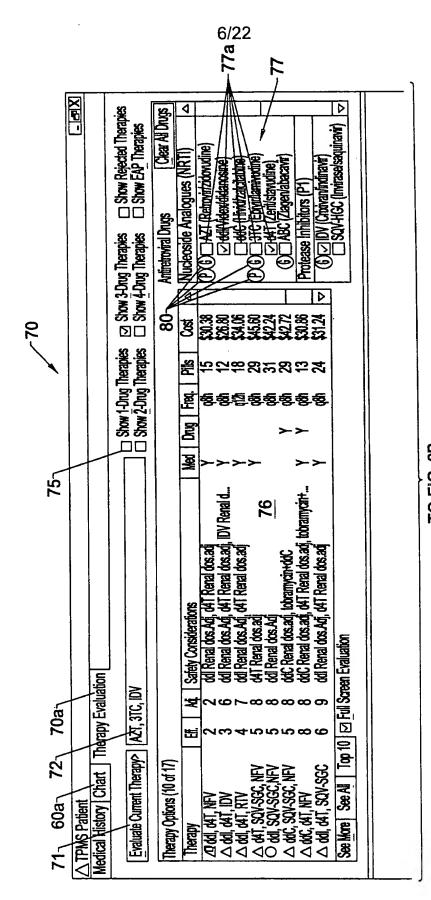


FIG. 3.





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TO FIG. 6B. **FIG. 6A.** 

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Þ Δ < Use as Current Therapy • d4T; Resistance Advisory: Cross Resistance: The patient has at least one previous exposure to AZT that was greater than one year in duration. Previous AZT exposure Resistance advisory: IDV: According to the last genotype data entered, the patient's virus currently has the following secondary mutation(s), (L101[P], 154V[P], and
184V[P]) which is are associated with resistance to IDV. These mutations alone are not enough to preclude the use of IDV but they do indicate a tend in this direction. IDV is still an option but ongoing IDV use may result in a more rapid emergence of complete resistance. The Adjusted Score of IDV has been lowered by +3. 8 can lessen the antiRetroviral effect of C4T due to cross resistance. Therapies containing C4T have been ranked lower in their Adjusted Score by +3. Filtrank, Commentary 259 <u></u> 2° 2 2 2 2 FROM FIG. 6A. ₽ 验验 **60 60**  Videx 125mg q 12h (4 pills/day, \$4.22/day)
 -c.2erit 15mg q 12h (2 pills/day, \$7.58/day)
 - Crixivan 800 mg q 8h (6 pills/day, \$15.00/day) **€** -74 800 B Warning - Resistance Notices Recommended Dosages (indicates adjusted dosage) Therapy Being ddl, d4T, IDV Evaluated **公** LPMS

FIG. 6B.

Icon	Meaning
0	Indicates that there were no critical alerts for the therapy, however, general warnings and advisories should be read in the Therapy Details box.
Ð	Indicates that there were no critical alerts for the therapy, however, general warnings and advisories should be read in the Therapy Details box. The book indicates that therapy has been studied and a reference is available to review.
$\triangleleft$	Indicates a yellow alert. There is important information about this therapy that must be reviewed.
V	Indicates a yellow alert. There is important information about this therapy that must be reviewed. The book indicates that therapy has been studied and a reference is available to review.
	Indicates a red alert, which means critical and possible life- threatening situation may exist or may be created with this therapy. Information in the Therapy Details section must be read for this therapy to be considered.
<u> </u>	Indicates a red alert, which means critical and possible life- threatening situation may exist or may be created with this therapy. Information in the Therapy Details section must be read for this thereapy to be considered. The book indicates that therapy has been studied and a reference is available to review.
×	Indicates the therapy is not recommended.

FIG. 7.

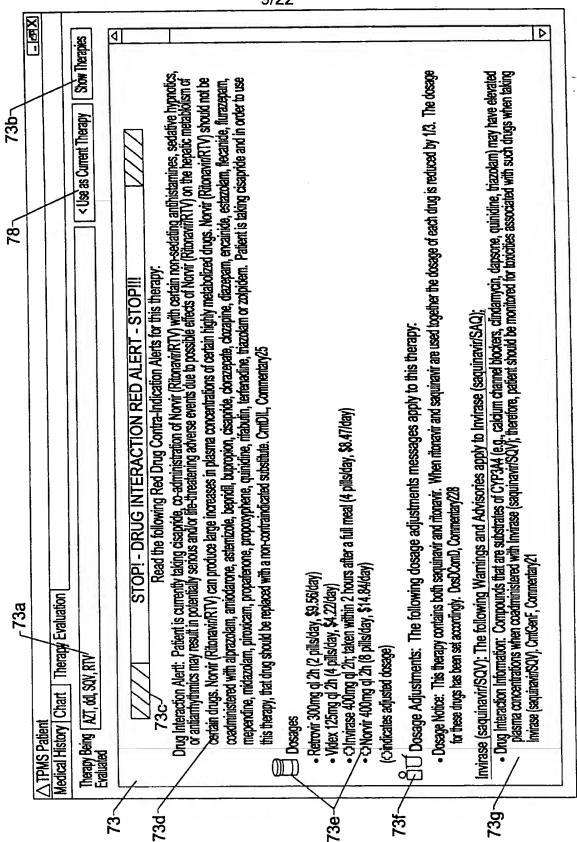


FIG. 8

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ngarraway	l .		

	<b>70</b>	<sub>/</sub> -76			
Therapy Opti	ons				
Therapy		Eff.	Adj.	Safety	
<b>44T, 3T</b>	C, IDV	1	1		
(j) AZT, 3T	C, IDV	1	1		
○ d4T, 3T	C, NFV	1	1		
( AZT, P	THE NIEW	1	1		
○ d4T,	Show Abstract for F				
( AZT,	Show Abstract for E				9-ر
(J) ddl, d	Show Abstract for \	<u>-</u>	Q	r	
O d4T, Show Therapy Study					
O d4T, \$	Print Details for AZ	T, 3TC, N	FV		
	Print Top 10 Thera	py Option	Details		
Therapy B	Hide Column "Eff."				
Evaluated	Hide Column "Adj."	1			
General Hide Column "Safety Considerations"					
	Show Column "Me	d"			
• Vi	Show Column "Dru	ıg"			
	Hide Column "Freq."				
	Hide Column "Pills	Ħ			
• M	Hide Column "Cos	t"			
1					

FIG. 9.

8 8 8 8 8

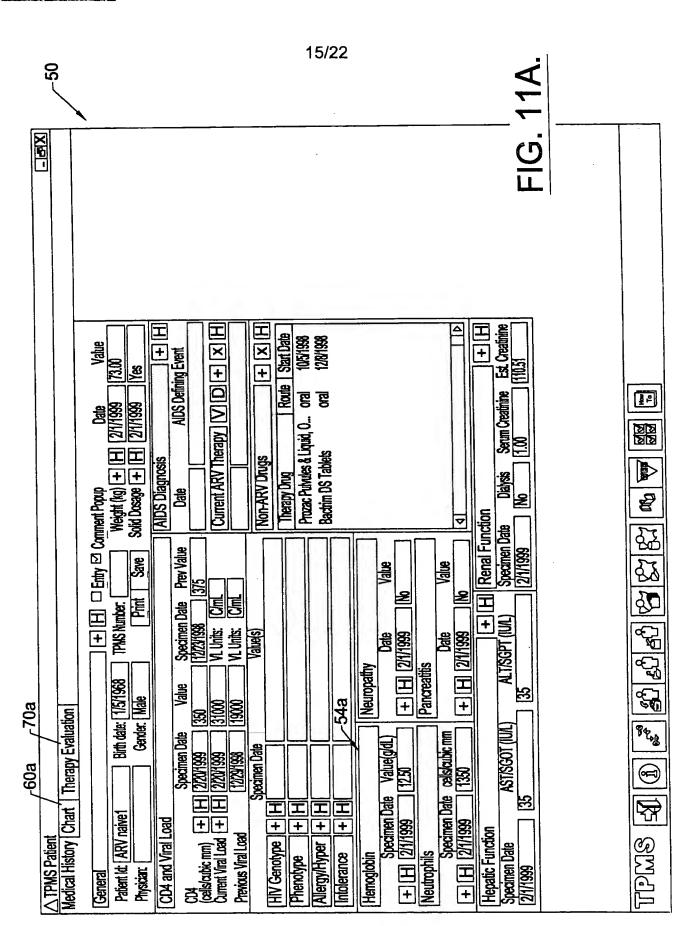
(CD4 (cells/cubic mm)

9

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> 14/22 FIG. 10D. - (A)X -MB1 ₹ ٥ 4 Value No Baseline Viral Load Value: Please specify which viral load value or values (an average of <u>8</u> Poor Viral Suppression △: The patient's viral load count either did not decrease >= .5 log from the last point or is not below the viral load reduction goal. Unless lab error is at fault, consider changing therapy. More Info PQ1 PreQualA6, Commentary 445 <u>F</u>º Please be aware that the following boundry and prequalification conditions currently apply to this patient Weight (kg) (+) [3371999] 3/1/999 two points) you wish to be set as the baseline viral load value for this patient. Bounds ZY, Commentary 411a N N N Solid Dosage [+] + H 🗆 Entry 🖾 Comment Popup ₽ を配を See Therapy Initiation/Change Messages E TPAS Number Boundry and Prequalification Messages Data Needed Soon - Caution Birth date: [1/1/1960 £ Gender. Male Medical History | Chart | Therapy Evaluation 84<sub>2</sub> **(F)** (cells/cubic mm) + H Current Viral Load + H Specimen Date + [H] (3/1/1999 Specimen Date 43 S) H + <u>+</u> Allergy/Hyper | + | H| HIV Genotype + H 3/1/1999 CD4 and Viral Load Hepatic Function Previous Viral Load SM91 Patient ld: demol Specimen Date **Hemoglobin** Intolerance Neutrophils Phenotype <u></u> Physician. General



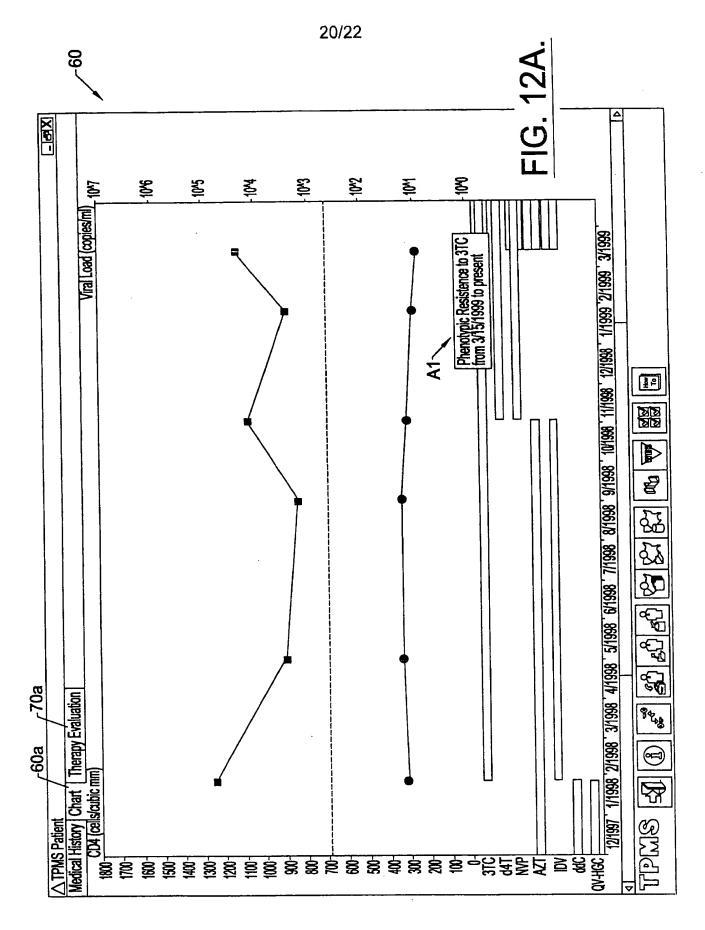
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> FIG. 11C. - IPIX Clear All Drugs D ☐ Show Rejected Therapies
>  ☐ Show EAP Therapies Use as Current Therapy SQV-HGC (Inviraselsaquinavir) SQV-SGC (Forovaselsaquinavir) Combination Therapy Recommended: Experts agree that the goal of antiRetroviral therapy should be to reduce the viral load to as low a level as possible for as long as
> possible. Initiation of therapy with a combination containing 2 nucleoside reverse transcriptase inhibitors (NRTI's) and a potent protease inhibitor have been shown to ☐ AZT (Retrovirtzidovudine) ☐ ddl (Videx/didanosine) Viral Load Testing Required: Viral load testing should be repeated 21-35 days after initiation of, or a change of, antiRetroviral therapy to evaluate therapeutic efficacy Codo (Hividzaldtabine)
> Codo (Epivirlamivudine)
> Codo (Zenitstavudine)
> Codo (Zenitstavudine)
> Codo (Zenitstavudine) Therapy Initiation: Current treatment guidelines recommend initiation of antiRetoviral therapy for HIV-infected patients with HIV RNA (viral load) concentrations greater than 20,000 copies/ml (10,000 Eq/ml bDNA) or CD4 counts less than 500 cells/ul. (Ann.Int.Med., 1998). PreQualM, Commentary61 **IDV** (Crovanindinavi Nucleoside Analoques (NR) **1**× Protease Inhibitors (P1 provide enhanced clinical benefit versus 2 drug combinations with regard to reduction in viral load and improved clinical outcomes. PreQualM. Commentary66 WARNING::Before initiating any antiRetroviral treatment regimen, the complete product information for each therapeutic component should be consulted. Antiretroviral Drugs Show 3-Drug Therapies Show 4-Drug Therapies বা Þ ₹º 3.25.22.25.28.2 46.22.23.88.45 Show 1-Drug Therapies
>  Show 2-Drug Therapies छ्रह्य छाष्ट्र 쑲 戛 <del>දිනිතිතිතිතිතිව්</del>වි 9/ Safety Considerations €**7** and patient compliance. CmtGenY, Commentary65 Top 10 12 Full Screen Evaluation DLY+RTV Therapy Initiation/Change Messages Therapy Evaluation 84<sub>0</sub> Ź <del>@</del> 岩 <u>2</u> ChatGenY, Commentary35 장 O AT, ad 3TC, SQV-SGC O AT, 3TC, INV O AZT, 3TC, IDV Medical History | Chart | Evaluate Current Therapy O SEL STORY O SEL SEL SEV O SEL SEL SEV O SEL SEV SEV O SEL SEV SEV SEL SEV SEV SEL SEV SEV General Messages Therapy Options (10 of 613 Therapy Being None ₹ 38 **△TPMS** Patient TPM8 301 335 350 101 350

FIG. 11D. - 69 X D <Use as Current Therapy | Show Therapies ddl: Clinical signs suggestive of pancreatitis should prompt dose suspension of Videx and careful evaluation of the possibility of pancreatitis. Only after pancreatitis has been ruled out should dosing be resumed. DosGenB, Commentary39 RTV: Monitor for decreased AUC of Norvir and associated adverse events when concomitant with use of drugs that increase CYP3A activity (including tobacco). More ddl. Plasma concentrations of some quinolone antibiotics are decreased when administered with antacids containing magnesium or aluminum. Therefore, doses of ddl: When treatment with other drugs known to cause pancreatic toxicity is required (for example, IV pentamidine), suspension of Videx should be considered. ddl: Videx should not be administered with a prescription antibiotic containing any form of tetracycline. CmtGenA, Commentary15 를 P DLV: Skin rash attributable to Rescriptor may occur during first 21 days. More Info 054 CmtGenS, Commentary54 ddi: If patients develop symptoms of neuropathy, Videx therapy should be interrupted. DosGenB, Commentary40 **双 双** quinolone antibiotics should not be administered within 2 hours of taking Videx. CmtGenA, Commentary16 AZT: Interrupt Retroviruse if anemia and/or neutropenia develops. More Info 036 DosGenA, Commentary36 Norvir 600 mg q 12h (12 pills/day, \$22.26/day) Rescriptor 400mg q 8h (12 pills/day, \$7.39/day) Retrovir 300mg q 12h (2 pills/day, \$9.56/day) Videx 200mg q 12h (4 pills/day, \$6.78/day) Therapy Evaluation 8<sub>0,8</sub> Into 026 CmtGenH, Commentary 26 Drug Interaction Information Warnings and Side Effects Recommended Dosages Therapy Being AZT, ddl, RTV, DLV -60a 16 | B | 3 | 3 | 3 | 3 | CmtGenA, Commentary13 Aedical History Chart 

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19/22 X D □ Show Rejected Therapies
 □ Show EAP Therapies Clear All Drugs < Use as Current Therapy SOV-HGC (Invirase/saquinavir) SOV-SGC (Forovase/saquinavir) Combination Therapy Recommended: Experts agree that the goal of antiRetroviral therapy should be to reduce the viral load to as low a level as possible for as long as
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17C (Exvirtamivodine)
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Show 4Drug Therapies greater than 20,000 copies/ml (10,000 Eq/ml bDNA) or CD4 counts less than 500 cells/ul. (Ann.Int.Med., 1998). PreQualM, Commentary61 D বা 夏阜 ☐ Show 1-Drug Therapies
 ☐ Show 2-Drug Therapies Z <u> ১</u>১১ 瓷 逶 8 をなる 80 B Print Details for AZT, ddl, 3TC, SQV-SGC Print Top 10 Therapy Option Details Print Top 10 Therapy Option Summaries ide Column Safety Considerations Pint All Therapy Option Summaries E. and patient compilance. ContGenY, Commentary65 Show Abstract for Retrovir Show Abstract for Videx Show Abstract for Edvir Show Abstract for Forbvase Show Therapy Study Therapy Initiation/Change Messages Therapy Evaluation 8<sub>2</sub> Show Column "Med" Show Column "Drug" Hide Column Pilst Hide Column Pilst Hide Column Cost ide Column Adi. ide Column 'Eff. None CartGenY, Commentary33 <u>\frac{\frac{1}{2}}{2}</u> Medical History | Chart | Evaluate Current Therapy> 0 AZT, 84, 37C, 80VS 0 AZT, 37C, NFV 0 AZT, 10V 0 AZT, 10V 0 AZT, 10V 0 AZT, 10V NP 0 AZT, 10V NP General Message Therapy Being None herapy Options (10 of 61) O AZT, ddl, RTV, NVP ₹ 38 TPMS **↑ TPMS Patien** Select



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FIG. 12C. - 61X Est Creatinine HX+ <u>+</u> 土 HX H **₹** Start Date 5/1/1999 5/1/1999 5/1/1999 545 Value AIDS Defining Event 60.00 88 Current ARV Therapy V D Serum Creatinine Date Date NVP△: Drug Interaction Alert Patient is currently taking rifabutin and there is insufficient data to assess
whether dose adjustments are necessary. These drugs should only be used in combination if clearly indicated 310, 441 Weight (rg) + H Solid Dosage + H Non-ARV Drugs AIDS Diagnosis Dalyss 智 11/4/1998 ☐ Entry ☑ Comment Popup 묠 Renal Function Specimen Date HIV Genotype | [+] [H] [3/15/1999 | [1/10]]PJ, MAGI[PJ, 154V[PJ, V82A]PJ, MA1U[RTJ, Y187] 178/1999 Prev Value 88 16 16 /alue Value H + E Specimen Date I I I TPISS Number. <del>4</del> **K** 写影 7. Sign Date Date 665182/1 H + H 1/28/1999 ALT/SGPT <del>Q</del> and with careful monitoring. CmtDIP, Commentary33 **Pancreatitis** Neuropath) Birth date: [717/1960 Value 33 **€** + Gender: Male 21500 2600 Therapy Evaluation 240 8<sub>2</sub> Specimen Date Specimen Date cellsloubic mm Value(g/dL) AST/SGOT ( Specimen Date 3/15/1999 ODA (cells/cubic mm) + H (3/15/1999) 1/28/1999 <del>(E)</del> 150 H + Specimen Date 52 容 Medical History | Chart 1/28/1999 1/28/1999 Patient Id: Features1 CD4 and Viral Loac Hepatic Function patient Jurrent Viral Load Previous Viral Load REMOL pecimen Date Hemoglobin Neutrophils + Physician: 728/1999 General 문모드